DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101

BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC

LOCATION: 1.5 MILES SOUTH OF ATLANTA

ATLANTA, ID 83601

ATTN: Wm. ERNEST SIMMONS, PRESIDENT

IDG910006	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONIT	ORING PERIOD					
MM/DD/YYYY	MM/DD/YYYY					

DMR Mailing ZIP CODE:

83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTEZU

External Outfall

No Discharge

	QUA	QUALITY ON TO A CONTRACT OF THE CONTRACT OF TH			QUALITY OR CONCENTRATION			FREQUENCY	SAMPLE	
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	T EX	EX OF ANALYSIS	TYPE
SAMPLE MEASUREMENT	*****	****	*****	*****	*****	6.2			Weekly	GRAB
PERMIT REQUIREMENT	*****	****	*****	*****	*****	19 DAILY MX	deg C		Weekly	GRAB
SAMPLE MEASUREMENT	****	****	*****	*****	*****	3.7			Monthly	GRAB
PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.8			Monthly	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	8			Weekly	GRAB
PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3			Weekly	GRAB
PERMIT REQUIREMENT	*****	****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	GRAB
SAMPLE MEASUREMENT	****	*****	*****	*****	*****	21		4	Weekly	GRAB
PERMIT REQUIREMENT	*****	****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	GRAB
SAMPLE MEASUREMENT	****	*****	*****	*****	*****	34			Monthly	GRAB
PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
	PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT	SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT	VALUE	VALUE	VALUE	VALUE	VALUE	VALUE	VALUE	VALUE VALUE UNITS VALUE VALUE VALUE UNITS EX OF ANALYSIS

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

knowing violations.

supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are

significant penalties for submitting false information, including the possibility of fine and imprisonment for

TYPED OR PRINTED

NUMBER

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

MM/DD/YYYY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101

BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC

LOCATION: 1.5 MILES SOUTH OF ATLANTA

ATLANTA, ID 83601

ATTN: Wm. ERNEST SIMMONS, PRESIDENT

IDG910006	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONIT	ORING PERIOD					
MM/DD/YYYY	ORING PERIOD MM/DD/YYYY					

DMR Mailing ZIP CODE:

83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTEZI

External Outfall

No Discharge

	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE		
PARAMETER	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE	
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	32			Monthly	GRAB
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	210			Weekly	GRAB
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	1000 DAILY MX	ug/L		Weekly	GRAB
Flow	SAMPLE MEASUREMENT	52992	52992		*****	*****	*****	*****		Continuous	RCORDR
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	RECORD

NAME/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101

BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC

LOCATION: 1.5 MILES SOUTH OF ATLANTA

ATLANTA, ID 83601

ATTN: Wm. ERNEST SIMMONS, PRESIDENT

IDG910006	001-A				
PERMIT NUMBER	DISCHARGE NUMBER				
	•				
MONITO	ORING PERIOD				
MONITO MM/DD/YYYY	DRING PERIOD MM/DD/YYYY				

DMR Mailing ZIP CODE:

83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTEZI

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3	QUALITY OR CONCENTRATION				NO. FREQUENCY		SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE	
emperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	10.9			Weekly	GRAB	
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	19 DAILY MX	deg C		Weekly	GRAB	
emperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	****	5.3			Monthly	GRAB	
00010 5 0 Jpstream Monitoring	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	GRAB	
emperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	*****	5.2			Monthly	GRAB	
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Monthly	GRAB	
)H	SAMPLE MEASUREMENT	****	****	*****	7.2	****	7.7			Weekly	GRAB	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	11			Weekly	GRAB	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	30 DAILY MX	mg/L		Weekly	GRAB	
Arsenic, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	12		2	Weekly	GRAB	
00978 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	10 DAILY MX	ug/L		Weekly	GRAB	
rsenic, total recoverable	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	21			Monthly	GRAB	
0978 5 0 Jpstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	TELEPHONE		
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR				
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: ATLANTA GOLD CORPORATION OF AMERICA INC

ADDRESS: 2417 BANK DRIVE, SUITE 101

BOISE, ID 83705

FACILITY: ATLANTA GOLD CORPORATION OF AMERICA INC

LOCATION: 1.5 MILES SOUTH OF ATLANTA

ATLANTA, ID 83601

ATTN: Wm. ERNEST SIMMONS, PRESIDENT

IDG910006	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
	-					
MONIT	ORING PERIOD					
MM/DD/YYYY	ORING PERIOD MM/DD/YYYY					

DMR Mailing ZIP CODE:

83705

MINOR

(SUBR 02)

DISCHARGE FROM 900 LEVEL ADIT TO MONTEZI

External Outfall

No Discharge

	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE		
PARAMETER	PARAMETER	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX OF ANAL	OF ANALYSIS	TYPE
Arsenic, total recoverable	SAMPLE MEASUREMENT	*****	****	*****	****	*****	68			Monthly	GRAB
00978 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Iron, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	80			Weekly	GRAB
00980 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1000 DAILY MX	ug/L		Weekly	GRAB
Flow	SAMPLE MEASUREMENT	40326	52992		****	*****	****	*****		Continuous	RCORDR
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Continuous	RECORD

NAME/THEE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

A MAXIMUM TEMPERATURE LIMIT OF 9 DEGREE C APPLIES TO THE DISCHARGE DURING PERIODS OF SALMONID SPAWNING